

**Form 5.14**

**Clergy Stipend / Travel Assistance Grant Application**

The Parish of \_\_\_\_\_  
Church Name Location

Requests a Grant for the year 20\_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

- *Stipend* \$ \_\_\_\_\_
- *Travel* \$ \_\_\_\_\_

Please attach:

- Current year Financial Statement to September 30<sup>th</sup>
- Next year's Budget showing line item of grant requested

*Please note: if the requested grant proves to be insufficient, an additional overrun grant may be requested from the Reserve Fund later in the year.*

**This information must be submitted to the TOTP Office by \_\_\_\_\_**  
for presentation to the Administration Committee meeting.

Submitted by: \_\_\_\_\_  
Name (please print) Position (please print)

Date: \_\_\_\_\_

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